Auditor's Office Use Only
Hotline Case #
Special Project #

Fax completed form to: Debbie Empey (801) 538-1383

or Send to:

Office of the Utah State Auditor Attn: Debbie Empey Utah State Capitol Complex PO Box 142310 Salt Lake City, Utah 84114-2310

HOTLINE REPORTING FORM

Complainant Information:					
Complainant to remain anonymou	s? Yes	No			
Complainant would like a response	e? Yes	No			
Name	Lo	One tate Employee ocal Governme	nt Employee	Date	
Home Address	<u> </u>			I	
Phone/cell/e-mail Work Address and information (if applic	able)				
Subject(s) of Complainant's Asserti	ion				
	ame		Nam	e	
Position Po	osition		Posit	ion	
Agency A	gency		Ager	ncy	
Division D	ivision		Divis	sion	
Phone # Ph	none #		Phon	ne #	
Address A	ddress		Addı	ress	

Subject's	Supervisor
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Name	Name	Name
Position	Position	Position
Phone #	Phone #	Phone #

$\textbf{Information Concerning the Assertion} \ (\textbf{Please complete one form for } \underline{\textbf{each}} \ \textbf{Assertion})$

Who is the subject of the assertion?
Which type(s) of improper governmental action does the assertion involve? Violation of state law or regulation
Abuse of authority
Gross waste of public funds
What is the assertion of improper governmental activity? Please describe in detail. If you need more space
please attach a separate piece of paper.
When did the event(s) take place? Please include date, time, and frequency.

Where did the event(s) occur?
Are there other witnesses? If so, what are their names, positions, agencies, and divisions?
Is there evidence that can be examined or documentation that can be reviewed? (Please provide any
documentation you have)
documentation you have)
How do you know about the improper action? Did you see it occur? Did you see documentation indicating it
occurred? Did you hear about it from someone else?
What specific law or state regulation has been violated?